

## PART B - FEE(S) TRANSMITTAL

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52835 7590 08/15/2006

HAMRE, SCHUMANN, MUELLER & LARSON, P.C.  
 P.O. BOX 2902  
 MINNEAPOLIS, MN 55402-0902

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Nicole Landree (Depositor's name)  
 (Signature)  
 November 3, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,919	09/11/2003	Ruediger Chentler Kreuter	2968.215USU1	6015

TITLE OF INVENTION: REMOTE PERSONALIZATION AND ISSUANCE OF IDENTITY DOCUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAIK, STEVE S	2876	235-380000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamre, Schumann,  
 2 Mueller & Larson, P.C.  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

James A. Larson

Date November 3, 2006

Registration No. 40,443

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

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 02 FC:1504



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**HAMRE, SCHUMANN,  
MUELLER & LARSON, P.C.**  
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FAX TRANSMISSION November 3, 2006

TO: Mail Stop: Issue fee  
Examiner: Paik  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

FROM: James A. Larson

OUR REF: 02968.0215USU1

TELEPHONE: (612) 455.3800

Total pages, including cover letter: 3

PTO FAX NUMBER: 571.273.2885


If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

Title of Document: **FORM PTOL-85; Comments on Reasons for Allowance**

Applicant: KREUTER  
Serial No.: 10/659,919  
App. Filed: September 11, 2003  
Group Art No.: 2876  
Confirmation No.: 6015

**Please charge deposit account 50-3478 in the amount of \$1400.00 for issue fee and \$300.00 for publication fee.**

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By:   
Name: James A. Larson  
Reg. No.: 40,443

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Nicole Landree

  
Signature

November 3, 2006  
Date

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